

PATENT NUMBER

| ISSUE CLASSIFICATION |          |
|----------------------|----------|
| Class                | Subclass |
|                      |          |

|   |             |
|---|-------------|
| Q.I.P.E.                                      | PATENT DATE |
| Q2<br>SCANNED 1/15/03 G.A. <i>[Signature]</i> |             |

|                 |            |       |          |          |          |
|-----------------|------------|-------|----------|----------|----------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER |
| 09/804080       | F          | 250   | 250.1    | 2879     | J. J. J. |

## APPLICANTS

# FILE

PTO-2040  
12/99[illegible]

|  |  |             |            |                                   |                      |
|--|--|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|  |  |             |            |                                   |                      |
| The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|  |  |             |            | Amount Due                        | Date Paid            |
| The terminal _____ months of<br>this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |

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